

Pennsylvania
visitPA.com USA

DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES

1 DLN: 18 309 055
2 DOB: 05/04/1947
3 KLEE
4 PATRICIA MARY
5 3 BRYAN AVE
6 MALVERN, PA 19355
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4a EXP: 08/05/2027
4a ISS: 04/03/2023
15 SEX: F EYES: BLU
16 HGT: 5-08"
9 CLASS: C
9a END: NONE
12 RESTR: NONE

Patricia Mary Klee

DL

PD: 2311871703504
8000000000000000

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4a EXP: 05/05/2023
4a ISS: 04/09/2019
15 SEX: F EYES: BLU
16 HGT: 5-08"
9 CLASS: C
9a END: NONE
12 RESTR: NONE

Patricia Mary Klee

DL

PD: 1912201905805
800000033287

SOCIAL SECURITY

202-36-3818

THIS NUMBER HAS BEEN ESTABLISHED FOR
PATRICIA M. KLEE

Patricia M. Klee
SIGNATURE

William C. Miller
Chapter 13 Standing Trustee
P.O. Box 40119
Philadelphia, PA 19106-0119

No. 2396739

SunTrust Bank
Knoxville, TN

June 08, 2015

PAY**Four Thousand Six Hundred Eighty Dollars and No Cents
TO THE ORDER OF
VOID AFTER September 06, 2015
AMOUNT *****\$4,680.00*****

CLERK OF THE COURT
IN RE:
900 MARKET ST STE 400
PHILA, PA 191074299

William C. Miller

⑈ 2396739 ⑈ ⑆061100790⑆ 00000005752043⑈

William C. Miller, Chapter 13 Standing Trustee

Pay to: CLERK OF THE COURT
Please notify the Court & us of any changes made after filing of your claim (ex. account number, address, claim assignment, etc.)

Case No. 13-18185-AMC 595-0
Debtor Name Patricia M. Halsey
Original Check written to Patricia M. Halsey
3 Bryan Avenue
Malvern, PA 19355

Check No. 2396739

Account No.	Balance	Principal Pmt	Interest Pmt	Total
	0.00	4,680.00	0.00	4,680.00

UNITED STATES
BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA
PHILADELPHIA DIVISION

242191 - TS
June 16, 2015
12:56:03

CASE INFO
13-18185-AMC13

Debtor: PATRICIA M. HALSEY
Amount: \$4,680.00 CH
Check#: 2396739

Total -> \$4,680.00

FROM: WILLIAM C. MILLER

Commonwealth of Pennsylvania - Notary Seal
Donna Freas, Notary Public
Chester County
My commission expires January 5, 2028
Commission number 1149803
Member, Pennsylvania Association of Notaries

*Commonwealth of Pennsylvania
County of Chester*

*On this the 26th day of June, 2024, before
me Donna Freas, the undersigned
officer, personally appeared
Patricia M Halsey, 3 Bryan Ave, Malvern,
PA 19355, known to me to be the person
whose name is subscribed to the
within instrument, and acknowledged
that she executed the same for the
purposes therein contained. Witnessed.*

Patricia M. Halsey
Donna Freas,
Notary Public

REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form. Vendors providing goods and services must use the AO 213 form.
Note: Typed forms and forms that include a populated Type of Payee may result in more efficient and precise processing. **For handwritten forms, please see the General Instructions for the list of options for the Type of Payee, Refund recipient only. Is the refund over \$200?, and Part 4 - U.S. Tax Classification, and Part 6 - Account Type drop down menus.

**Type of Payee Refund recipient only. Is the refund over \$200? yes

Part 1 Payee Information

Line 1. Payee Name: Patricia M. Halsey

Line 2. Additional payee information: (if applicable)

Part 2 Business Name (if different from above)

Patricia (M) Halsey - same

Part 3 Enter only one TIN in the appropriate box. The TIN provided must match the name given in Part 1, Line 1.

EIN: - - or SSN: 202 - 36 - 3818

Part 4 **Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.

Part 5 Mailing Address (where payments, orders, and IRS 1099 forms, as applicable, will be sent)

Street Address: 3 Bryan Avenue

City: Malvern, PA 19355 State: PA Zip code: 19355

Point of Contact (if different from above):

Name: Phone #: 610 647-7520

Email:

Part 6 Electronic Funds Transfer (EFT) Information

Owner(s) name appearing on bank account:

Bank Name:

Select an Account Type: Routing # (9 digits):

Account number (do not include check number)

Part 7 Additional Payees' Signatures

(if applicable for EFT payments)

By signing as a joint payee, you are authorizing the Judiciary to make a payment on your behalf to the bank account entered in Part 6.

Joint Payee(s) Signature(s):

Part 8 Certification of Account Holder

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Payee Signature: Patricia M. Halsey Date: 10/25/24

Sensitive information must be securely maintained and only visible to designated staff.